

# 2012 IOWA CUSTOM SYSTEMS PROJECT PREAPPROVAL APPLICATION

**ATTENTION**  
Photocopy this form and  
save the original for future use or  
download additional copies at  
[www.midamericanenergy.com/iowa\\_custom](http://www.midamericanenergy.com/iowa_custom).

Complete both sides of this application.

**Mail to:** MidAmerican Energy Company, EnergyAdvantage Programs, P.O. Box 17129, Des Moines, IA 50317  
**or fax to** 515-564-1042. Call 800-318-8915 with questions about the program.

My facility had an energy assessment in the following program (check if applicable):

- Nonresidential Energy Analysis/EfficiencyPartners®       Multifamily Housing  
 Small Commercial Audit/BusinessCheck®       Agriculture

Date audit completed (month/year) \_\_\_\_\_

## Customer Information

MidAmerican Energy account number (found on bill; first seven digits only)

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Installation address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Company name on bill \_\_\_\_\_

Rebate check (if applicable) should be payable to \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Customer Agreement

(Signature required before application is processed.)

My signature indicates consent to and agreement with all program terms and conditions, certifies that all information on this application is correct, and that all of the listed new equipment has not been purchased or installed and operating at the indicated location.

**Customer signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Facility Information

(check one)

- Office       Lodging       Grocery       Convenience Store       Church  
 Retail       Warehouse       School/College       Multifamily       Industrial/Manufacturing  
 Fast Food       Restaurant       Health Care       Other \_\_\_\_\_

Building size \_\_\_\_\_ sq. ft. (area)      Do you:  own or  rent this building?

Year building was constructed \_\_\_\_\_

## Facility Hours of Operation

(circle a.m. or p.m.)

Monday - Friday \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Saturday \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Sunday \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

## Seasonal Operating Schedule

(check one)

Summer only (June - Sept.)       Year-round

Winter only (Oct. - May)       Other \_\_\_\_\_

## Equipment Hours of Operation

(circle a.m. or p.m.)

Monday - Friday \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Saturday \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

Sunday \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

## Planned Energy Efficiency Project

(describe equipment/system to be replaced/upgraded and attach documentation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## This new custom equipment/system is:

- Replacement       New construction       New installation

## Project Specifier/Contractor Information

(engineer; architect; mechanical/electrical contractor; dealer; etc.)

Specifier company name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Fax \_\_\_\_\_

Contact person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## Specifier/Contractor Agreement

I certify that all equipment and installation information provided on this application is correct and accurate.

**Specifier/contractor signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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## Estimated Energy Savings (calculations and documentation must be attached if available)

### Electricity

Summer peak demand reduction \_\_\_\_\_ kW  
Annual energy reduction \_\_\_\_\_ kWh  
Annual energy cost savings \$ \_\_\_\_\_

### Natural Gas

Winter peak demand reduction \_\_\_\_\_ therms/day  
Annual usage reduction \_\_\_\_\_ therms  
Annual energy cost savings \$ \_\_\_\_\_

## Custom Equipment Project Information (use additional sheets if necessary)

Describe the **existing equipment and/or system** to be replaced/upgraded.

MANUFACTURER	MODEL NO.	SIZE	EFFICIENCY RATING	QUANTITY	EQUIPMENT COST	INSTALLATION COST (LABOR)	EQUIPMENT LIFE (YRS.)

Written description:

Describe the **proposed standard-efficiency equipment and/or system** that could be installed.

MANUFACTURER	MODEL NO.	SIZE	EFFICIENCY RATING	QUANTITY	EQUIPMENT COST	INSTALLATION COST (LABOR)	EQUIPMENT LIFE (YRS.)

Written description:

Describe the **proposed high-efficiency equipment and/or system** that may be installed.

MANUFACTURER	MODEL NO.	SIZE	EFFICIENCY RATING	QUANTITY	EQUIPMENT COST	INSTALLATION COST (LABOR)	EQUIPMENT LIFE (YRS.)

Written description:

## Other Custom Systems Project Information (use additional sheets if necessary)

Provide building or manufacturing systems or equipment information that does not fit into the tables above. Or, call MidAmerican Energy at **800-318-8915** to discuss your project and any information MidAmerican Energy might need to complete its review.

DISCLAIMER: MidAmerican Energy Company does not guarantee that installation and operation of energy-efficient equipment will result in reduced usage or in cost savings. The manner in which a customer uses and maintains energy-efficient equipment affects potential cost savings. MidAmerican Energy Company makes no warranties, expressed or implied, with respect to any equipment purchased or installed, including, but not limited to, any warranty of merchantability or fitness for a particular purpose. In no event shall MidAmerican Energy Company be held liable for any incidental or consequential damages or injuries resulting from defective equipment or installation. MidAmerican Energy Company reserves the right to cancel or change these programs at any time. MidAmerican Energy Company's acceptance of this application does not guarantee payment of rebate.

For MidAmerican Energy Use

Date received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date approved \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Equipment approved by \_\_\_\_\_

Incentive amount \_\_\_\_\_